U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

· · · · · · · · · · · · · · · · · · ·			
1. File Number U - 9/43	2. Fiscal Year Covered From:		
:	1 / 1 / 2005 Through: 12 / 31 / 2005		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Raymond DePasquale	Name Teamster Local No. 377		
-	Labor Organization File Number 039-225		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 119 Scott St.	Street 1223 Teamster Drive		
City Hubbard	City Youngstown		
State Ohio ZIP Code + 4 44425	State Ohio ZIP Code + 4 44502-1348		
5. Position in labor organization. Business Agent			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
Name N/A Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed laymond Le logo 40 le	On 02/16/2006 330-534-7195		
Jany Committee of the second	Date Telephone Number		
			

Name of Person Filing Raymond DePasquæle	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Teamster-Ohio Contractors Assoc.Health&Welfa	a. Labor Organization		
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 435 South Hawley Street			
City Toledo			
State Ohio ZIP Code + 4 43609			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Provides Benefits for Members of Teamster Local Union No. 377		
Trade Name, if any:		, , , , , , , , , , , , , , , , , , ,	
P.O. Box, Bldg., Room No., if any			
Street 435 South Hawley Street			
04. m-1-1-	11.b. Approximate dollar value of such dealing.	hasamamaman essential properties of the second seco	
City Toledo	12.a. Nature of interest held or income received.		
State Ohio ZIP Code + 4 43609	Reimburse Expenses For Traveling, Accommodations & Meals during Conferences in Hawaii & 3 Board Meetings in Columbus, Ohio .		
	12.b. Amount.	\$4,581	
		Zon-casas no management and a second and a s	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name) a company and	
Trade Name, if any:		THE PARTIES OF THE PA	
P.O. Box, Bldg., Room No., if any		William Annual Park	
Street		and the state of t	
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	TO THE TAXABLE PROPERTY OF TAXABLE	